

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005620

1. Entity Name

DONDLINGER & SONS CONSTRUCTION CO., INC.



Principal Place of Business

**P.O. BOX 398
WICHITA, KS 67201-0398**

Mailing Address

**P.O. BOX 398
WICHITA, KS 67201-0398**



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **48-0601790** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000474917
04/04/06-80042-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DONDLINGER, THOMAS E**
STREET ADDRESS **817 LINDEN CT**
CITY-STATE-ZIP **WICHITA, KS 67206**

TITLE **VD**
NAME **DONDLINGER, PAUL J**
STREET ADDRESS **13824 PINNACLE**
CITY-STATE-ZIP **WICHITA, KS 67230**

TITLE **ST**
NAME **PHILLIPS, GREGORY D**
STREET ADDRESS **1914 WHITE OAK**
CITY-STATE-ZIP **WICHITA, KS 67207**

TITLE **VD**
NAME **DONDLINGER, JAMES N**
STREET ADDRESS **8638 SW LOST LAKE RD**
CITY-STATE-ZIP **ANDOVER, KS 67002**

TITLE **VD**
NAME **DONDLINGER JR, MARTIN C**
STREET ADDRESS **1116 N DOREEN**
CITY-STATE-ZIP **WICHITA, KS 67206**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Gregory D. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY D. PHILLIPS

SECRETARY TREASURER

03/15/06

(316) 945-0555

Date

Daytime Phone